



**FEC Conference for Campaigns and Political Party Committees**  
**Washington, DC**  
**March 3-4 2009**



**CONFERENCE REGISTRATION FORM**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Years of Federal Campaign Finance Law Experience: \_\_\_\_\_

Special Requests/Dietary Needs: \_\_\_\_\_

☐ Please check here if you are attending this conference to comply with an ADR settlement or other FEC enforcement agreement.

**Breakout Selections:**

**Tuesday, March 3 AM Breakout: (Choose One)** *(Do not choose Option A2 unless you have previously attended an FEC conference.)*

- ☐ Option A1: Getting Started: Basics for Beginners  
☐ Option A2: Legal Issues—Panel Discussion of Recent Developments

**Team Workshops for March 3-4: (Choose the organization you represent)**

- ☐ Option B1: House/Senate Campaigns  
☐ Option B2: Political Party Committees

**Wednesday, March 4 PM Breakout: (Choose One)**

- ☐ Option C1: Making the Most of Corporate/Labor Communications and Resources  
☐ Option C2: Best Practices in Committee Management

**Payment:**

Mail registration form and fee (\$499 per attendee) to Sylvester Management Corporation, P.O. Box 986, Irmo, SC 29063. A late charge of \$51 will be added for registrations received after 5 p.m. EST, January 30, 2009. A full refund will be made for all cancellations received before that date and time. If paying by check, please make check payable to Sylvester Management Corporation; note *FEC 2009 Candidate/Party Conference* on the memo line. Credit card payments will appear on your statement as paid to Sylvester Management Corporation. For credit card payments, please complete the information below:

I authorize payment to my credit card: ☐ Visa ☐ MasterCard ☐ Discover Card ☐ American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ 3 or 4-digit Security/VCode (on back of card) \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-mail address of Cardholder: \_\_\_\_\_

To register by fax, fax filled-out registration form and credit card payment information to (803) 732-0135.

To register online, visit <http://www.fec.gov/info/conferences/2009/candparty09.shtml>

**Print Form**